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CONFIRMATION NO. 9101

<b>SERIAL NUMBER</b> 10/016,507	<b>FILING OR 371(c) DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> PHYS118084
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**\*\* CONTINUING DATA \*\*\*\*\*** *note CHL 2/29/04*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *note CHL 2/29/04*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/11/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Carl H. Lange</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 7
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**TITLE**  
 Enhanced interface for a medical device and a terminal

<b>FILING FEE RECEIVED</b> 1760	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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